

Result good; the pseudarthrosis is still limited — *Deut. Zeitschr. f. Chirg.*, 1890, Bd. 30, Hft. 4 and 5.

WILLIAM BROWNING (Brooklyn).

III. On the Use of Sterilized Sponge in Wounds with Abundant Secretions. By Dr. ANTONIO RICCI (Stia, Italy). A lady, while standing at a window, was suddenly enveloped in flames by her clothing igniting from a brazier at her feet. A large burn of both sides of the body, extending from the lumbar to the popliteal region, resulted. The writer was called in at the time of the accident, dressed her wounds, but did not, however, see her again until suppuration had well commenced, when he found the patient somewhat emaciated, alternating nervous excitement and depression with delirium, and a temperature of 40.2° C. (104.5°F.) A profuse diarrhoea also increased the gravity of her condition. Tonics and stimulants were given to combat the impending adynamia, and a light diet ordered.

The surface of the extensive burn was covered with slices of sponge, sterilized in boiling water and soaked in an antiseptic solution. This covering was renewed twice daily. On removing the sponges the surface of the wound was found free from any secretion, and of a beautiful reddish color. The presence of this dressing produced not the slightest irritation, while, on the contrary, as soon as the sponges were removed, her sufferings were quite severe. Before renewing the dressings the precaution was always taken to submit them to a prolonged spraying by means of Richardson's apparatus. After about six days of this treatment the wound commenced to close over, the number of sponges was reduced, until finally the process of reparation had so far progressed that a powder of iodoform and quinine could be applied. Little by little the large wound closed in its margins, the general health of the patient in the meantime improving, until a complete recovery was attained. The writer also mentions a second case, which he had before treated successfully by this method.—*Lo Sperimentale*, 1890, 9, p. 253.

IV. Relation of Malaria to Surgical Operations. By Dr. MORALEZ PEREZ (Barcelona, Spain). The writer, after an investiga-

tion of the relation of malaria to surgical operations, concludes as follows:

1. One should avoid as much as possible operations in places or districts where malaria prevails.

2. In cases of operation upon individuals residing in malarial districts, or even those who have formerly dwelt in such regions, although they may never have presented malarial symptoms, they should be subjected to a preliminary treatment by quinine, in order to avoid complications.

3. Individuals may be met with in whom there is a latent existence of the germs of malaria. These latter may develop when the strength of the patient has been lowered by hæmorrhage, suppuration or other causes.

4. If one had to decide between a bloody and a bloodless method of operation, the latter should be chosen, for beside avoiding hæmorrhages, a mixed infection is also thus prevented.

5. In cases where operation on account of some suppurative process is necessary, and where malaria has formerly existed, a careful analysis of the urine and an examination of the liver, spleen and kidneys should be made, for the patient may be suffering from diabetes or amyloid degeneration.

6. If hæmorrhage or intermittent pain follow the operation, they may be combatted by the various preparations of quinine.—*El Siglo-Médico*, 1890, p. 58.

V. On the Neutralization of the Tetanogenic Virus and the Surgical Prophylaxis of Tetanus. By Prof. G SORMANT (Padua, Italy). In a preceding article on the same subject the author came to the conclusion that iodoform is one of the most active and specific disinfectants against the tetanogenic virus. In this work he gives the results obtained by experiments with other chemical substances to neutralize this virus. His conclusions are:

1. Camphor and camphorated alcohol have no germicidal action.
2. Chloral shows itself active in the neutralization of the tetanogenic virus.